



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

41

Application No.

10/601,238

Filing Date

June 20, 2003

First Named Inventor

Tatyana Ya. Dutova, et

Examiner Name

Wu, Shean Chiu

Group Art Unit

1756

Attorney Docket No.

A-72153/AJT/MSS/SSR  
(463031-97)

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (Informal)-3 pgs	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check No. 6709 in the amount of \$429.00 (for 2-month petition of time for small entity and additional claims); a copy of Figures from priority Russian Application; and a self-addressed stamped Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Supplemental Information Disclosure Statement (3 pgs.)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Maria S. Swiatek, Reg. No. 37,244 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone: (650) 494-8700 Facsimile: (650) 494-8771	Customer Number 32940
Signature		
Date	August 25, 2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
Typed or printed name	Kari Bateman		
Signature		Date	August 25, 2004


# AMENDMENT FEE CALCULATION 2004

<b>Complete if Known</b>	
Application No.	10/601,238
Filing Date	June 20, 2003
First Named Inventor	Tatyana Ya. Dutova, et al.
Group Art Unit	1756
Examiner Name	Wu, Shean Chiu
Atty. Docket Number	A-72153/AJT/MSS/SSR (463031-97)

**Claims as Amended in Response to Office Action dated: March 25, 2004**

METHOD OF PAYMENT (Check One)										AMENDMENT FEE CALCULATION (Continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)										3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed										Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
AMENDMENT FEE CALCULATION													
1. EXTRA* CLAIM FEES													
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee									
Total	41	-	55	=	0	x	0	=					
Indep.	7	-	2	=	5	x	43	=	210				
First Presentation of MultipleDependent Claim						x		=					
Subtotal (1)									215.00				
*Calculation of Extra Claim Fees													
Large Entity Fee	Small Entity Fee	Fee Description											
18	9	Claims in excess of 20											
86	43	Independent claims in excess of 3											
290	145	Multiple dependent Claim											
86	43	Reissue independent claims over original patent											
18	9	Reissue claims in excess of 20 and over original patent											
Other fee (specify):													
Subtotal (2)									210.00				
Total Amount of Payment:									425.00				

## Submitted by:

Name: Maria S. Swiatek	Reg. No.: 37,244	Telephone: 650-494-8700
DORSEY & WHITNEY LLP	Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187	CUSTOMER NUMBER <b>32940</b>
Signature: 		Date: August 25, 2004